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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

Toxicology.

By Gerard Arink, M.D.,
Of Rochester, N. Y.

(*Continued from page* 340.)

Cuprum.—This metal is obtained from copper ore in combination with oxides, carbonate, and sulphur, which may be separated by different methods.

Copper burns, when strongly heated, with a green flame, by which it becomes changed into a black oxide. It takes the oxygen out of the damp atmosphere.

Copper, like most metals, is not poisonous in its pure state, but becomes so when oxidized; therefore it is obviously an unfit and dangerous material to be used in apparatus in any way connected with the preparation of human food, unless in vessels where it is preserved from the influence of the atmosphere by tin or other coating.

The various modes of copper poisoning may be thus considered, viz., first, its use in the form of acetate of copper, or as a deadly agent in some other form, for purposes of self-destruction or murder of others; secondly, its improper use, medically, in the form of ointments containing copper, lotions ignorantly compounded of the same; the internal use of sulphas cupri ammoniocale or liquor acetas cupri in refracta dosi; thirdly, in domestic economy and the arts, a certain amount of copper poisoning is continually going on. The use of copper furniture in kitchens is productive of serious evils to health; in the preparation of pickles, and in the cooking of certain vegetables, we have known of cooks using copper as a direct agent to produce the desired amount of greenness. Certain confectionery is rendered poisonous by the use of copper to produce green coloring matter. In distilleries, breweries, etc., copper vessels are often more or less in use, to the serious detriment of human health. Thus, and in many other ways, whole families have been frequently poisoned in a slow way; and through want of proper investigation, health has been destroyed, and even death supervened, while friends and attendants have been unable to fathom the cause or explain the seeming mystery. And here, by the way, we would remark that much mysterious sickness might be explained, and a vast amount of health secured if the glorious light of science were more widely diffused through the medical world, dispelling the mists of ignorance and revealing new fields of truth and beauty continually. Painters, in using verdigris-green paint, are liable to be more or less affected in health by the prosecution of such labor.

We find in the *Journal Vétérinaire et agrical de Belgique* the following:—

"A pig that was poisoned by eating swill which had been kept in a copper vessel, was afterward killed. Sixteen persons eating of the meat, became dangerously ill; severe colic pains set in, but none of them died. Those who had partaken of the blood sausages were the most severely affected."

Some years ago, the Academy of Paris made mention of a case in which seventeen persons were poisoned by drinking the milk of a goat which had been poisoned by drinking a bouillon contained in a copper vessel.

Symptoms of Copper Poisoning.—As a great and prominent characteristic, might first be mentioned the long-continued copper taste in the mouth, particularly in the morning; obnoxious flatus from the stomach; strong salivation with continued spitting; vomiting of a greenish or brownish matter; bloody diarrhœa, with tenes-

mus, and burning pains ad anum, sometimes followed by icterous colored skin, yellow sclerotica and urine; together with long-continued headache. In severe cases are experienced painful spasms of the throat, and of the musculus gastrocnemius, convulsions, with paralysis and general loss of sensibility, cold skin, and death.

In those cases where the symptoms work very slowly, as can happen in the case of arsenic, the poisoning takes the form of paralytic intoxication.

Analysis.—Zinc, lead, or iron reduces copper. (See introductory remarks, *Iron Process.*)

If aqua hydrosulphurata be added to the suspected matter, a brown precipitate is obtained, if copper be present.

Add to a solution containing copper, a solution of carbonate of kali, and a brownish-green precipitate is formed.

Add a solution of cyan-ferri-kalium, and a brownish-red precipitate is the result. A solution containing copper makes, with a few drops of ammonia liquida, a blue-green precipitate; upon the addition of a larger quantity of ammonia, this precipitate will dissolve, leaving a beautiful dark-blue colored fluid.

Treatment.—Acute copper poisoning can easily be mistaken for an attack of cholera sporadica, or vera, as the symptoms are nearly analogous. The first thing to be accomplished is to free the stomach of the poisonous matter as speedily as possible, by means of emetica. For this purpose let one scruple pulvis ipecacuanha pro dosis be given every five or ten minutes until vomiting is produced; at the same time give large quantities of whites of eggs beaten up with water; give also sugar water, or syrup and water; furthermore, opiata, mucilaginosa, diluentia, in the following form:—

℞.—Magnesia calcinatæ, drachmam unam;
Pulvis opii, grana tres;
Pulvis gum Arabici, unciam unam;
Syrupi simplicis, unciam dimidiam;
Aqua sambuci, uncias septem. Misce.
S. Omne hora cochlear.

When, as often happens, a child has swallowed a penny, there should be given to it occasionally a little magnesia calcinata and water.

In cases of copper poisoning it may be desirable to use clysmata, which may be composed of the aforesaid ingredients.

Contra-indicantia are oils, acids, and alkali.

To be continued.

Electro-Therapeutics.

By H. Lassing, M.D.,
Of New York.

(*Continued from page* 414.)

Encysted Tumor; Electro-Magnetism as an Anæsthetic, Escharotic, Aphrodisiac.—Impotence in the Male.

Mrs. E., aged fifty, consulted me relative to a large tumor on her right shoulder. She informed me that she had had a wen cut from her throat two years since in Boston, and that she suffered so much then as to prevent her from allowing this tumor to be excised with the knife. Upon examination, I found an encysted tumor resting upon the acromion, measuring about three inches in diameter, apparently about two inches deep, lobular, and somewhat movable. I advised her to let me remove it, but she firmly refused; requesting me to treat it as I had a tumor for one of her lady friends, namely, by stimulating it with electro-magnetism, producing some absorption, and causing a discharge of the remaining portion. Although I remonstrated against such treatment, she insisted upon it, and I went to work.

After applying a strong current of electro-magnetism in various directions through the tumor, and finding but little progress, I urged the knife again, but was refused; although she expressed a willingness to have a seton introduced. I did so; and passing a copper wire with it, applied a current through the tumor in this way. During one week, while the seton remained in, I obtained about five drachms of pus; but, finding no better progress, I insisted upon making an incision along the track of the seton, which she consented to. I inserted a grooved director from the entry to the exit of the seton, and with a curved bistoury laid the whole open. But little blood was effused. The bistoury during the operation was connected with the negative pole of the machine, and patient held the positive in her hand. She states that she only felt the current, but not the knife. I then applied the current around the tumor, and tearing it from its bed with the aid of the knife, both edge and back, separated it, and removed it without any pain to the patient. I found that it consisted of yellow lobes, much resembling in appearance beef suet, of a rancid fatty smell. The tumor weighed three ounces. Nothing remained in the wound but the cyst. A week subsequently, the wound having been kept open by inserting lint, I attempted the removal of the cyst, but

failed to do so, owing to its close adhesion to the surrounding tissues and integuments. I then connected the two poles of the machine with a copper wire, and, cutting this in two, inserted a fine piece of platina wire by soldering it on the two loose ends; and having insulated the copper wire with gutta-percha and glass, applied the platina wire to the cyst. In a few seconds this had attained a white heat, and produced a thorough eschar, which separated two days afterward, leaving a healthy-looking, clean wound, which, by applying adhesive straps, healed by first intention in a very few days, leaving but a small cicatrix. The battery, not being immediately disconnected from the platina wire, I found had fused this until the connection was thus broken. The copper wire I used was about one-twelfth of an inch in thickness, and the platina wire as fine as sewing silk. The current from the machine coming through this thick conducting wire, and being suddenly arrested by this inferior conductor, where less space was offered, thus heated it in a very few seconds.

Now the patient is still continuing well, and has experienced no further trouble from the wound.

J. B. T., aged twenty-eight, had been married about one year, and consulted me for a remedy for impotency, being unable to have intercourse with his wife, owing to the brevity of the erections of the penis. If alone in bed, erections would take place, but of short duration; but when in bed with his wife strong *mental* desires would exist without being able to procure an erection of sufficient strength to effect a penetration. Upon an examination I found the genital organs perfectly normal. He denied ever having been addicted to onanism, or having had any venereal disease, but ascribed his difficulty to a severe attack of yellow fever two years previously, since which time his troubles existed, and for which he was advised to get married.

I put him upon bitter tinctures, as he seemed much debilitated, and applied a pretty strong current of electricity from the origin to the glans of the penis twice a day, for about five minutes at a time. After five days' perseverance with this treatment, he came to the office one morning, evidently much elated, and so much excited and anxious to tell me something, that, without waiting until I was disengaged, a lady being present at the time, he grasped me by the hand, and shouted, "I did it, doctor; I did it!" I congratulated him, and requested him to wait. The lady, seeing him so much elated, very innocently asked me if it was not some new and important surgical operation which he had performed; I told her it was; when she fortunately asked no further questions.

A few days since I had the pleasure of seeing this gentleman again in ecstasy over a young son with which his wife had just presented him.

To be continued.

EDITORIAL DEPARTMENT.

PERISCOPE.

CHLOROFORM IN OBSTETRIC MEDICINE.

In a paper on Anæsthesia in Midwifery, read before the Obstetrical Society of London, by Thomas Skinner, M.D., of Liverpool, and published in the *British Medical Journal*, the author says:—

"Apart from general surgery and dentistry, there is a department of medicine which stands out in bold relief as a great and triumphant proof of the safety of chloroform as an anæsthetic, and of its superiority over ether in every respect: I allude to the obstetric department. For many reasons, I take a deep interest in this subject. First, on account of having commenced my studies contemporaneously with the discovery of chloroform, which has revolutionized the medical world, and ushered in a new era for suffering humanity. Secondly, on account of my late connection with its discoverer, Prof. Simpson, I feel justly proud to have an opportunity of supporting his views. And lastly, from the experience which I have had of its use, for a period of fourteen years—two of which were spent with Dr. Simpson—I can affirm that I have every confidence in this agent.

"The chief object and intention of Dr. Simpson in introducing chloroform as an anæsthetic, I believe, was *to render the function of parturition entirely painless under every circumstance whatsoever*, and there can be no doubt that the agent has in his hands pre-eminently succeeded in doing so, with perfect safety to human life and happiness. Since its discovery, anæsthetic midwifery may be said to have enjoyed a special immunity from accidents of any kind, and I cordially acquiesce in the sentiments of my distinguished friend, Professor Barker, of New York, when he says, 'I never feel the least anxiety in administering an anæsthetic in obstetric practice, while I cannot divest myself from more or less apprehension when asked to do so by my surgical friends, or by my patients, when dental operations are to be performed. Hence I feel warranted in asserting that the question of anæsthesia in surgery is altogether distinct from anæsthesia in midwifery.' In other words, there is a *special*

tolerance for chloroform in midwifery, which does not pertain to the practice of surgery. Dr. Kidd has also recognized this tolerance, and he is of opinion that it arises from 'the unusual and active condition of the reflex system during labor, and the active condition of the respiratory system especially.' I would only add in explanation, the pregnant female, particularly in the latter months, enjoys not only sound health, but her nutrition is almost invariably at a maximum.

"*Contraindications.*—I do not believe that we are at present in the possession of any facts which will enable us to determine beforehand whether or not chloroform is likely to disagree with any one inhaling it. The only true and reliable test is to watch its *effects* on the patient's *respiration*, pulse, color, and general appearance; the *quantity* and the *exact* proportions of chloroform and air being no guides whatever. We may examine the chest as carefully as we like for contraindicative symptoms, but we shall grievously err, if, in the seeming absence of them, we grant a certificate, verbal or otherwise, that the party is a fit subject to inhale chloroform. I would not wish it to be thought that I consider organic diseases of the chest in no degree to contraindicate the use of chloroform—a diseased organism can never compete with a healthy one—but I simply hold that organic disease is not nearly so great a contraindication as many of us are still inclined to think.

"*Stage of Labor for Administration.*—The question is often put to me, at what stage of labor ought chloroform to be administered? I am in the custom of giving it at all stages, whatever the state of dilatation of the os uteri; and I am of opinion that when an anæsthetic is resolved on it should be given *in toto* or not at all, and having once commenced the administration, it should never be altogether withdrawn, except under pressing circumstances.

"*Medical Objections.*—I am frequently informed that it delays labor, encourages hemorrhage, retards convalescence, and is otherwise followed by a multitude of evils. In short, it would appear that everything which happens of a sinister kind or out of the common run, during and for the next six weeks after the administration of chloroform in labor, is put down to the debit of the anæsthetic; even puerperal fever, mania, convulsions and pelvic inflammations. To such objections as these I have no hesitation in giving a direct negative. With the exception of a questionable tendency to the occurrence of hemorrhage in some rare cases, chloroform may be said to be perfectly innocent of all and every medical objection that has ever been raised against it in the practice of midwifery; and with a little care and good management this accident may be avoided or easily remedied. An eminent authority—namely, the late Dr. Snow—has said that in his experience 'there has hardly ever been uterine hemorrhage of any amount, except in patients who had suffered from it in previous labors.' I would further observe, that these and many other conditions have occurred and will ever occur in the practice of midwifery whether chloroform is administered or not.

"So far as the public are concerned, it is of no use arguing with them, as they are incapable of forming a correct judgment in the matter; but as I find that in general they very wisely obtain their opinions from their medical advisers, it is the latter consequently to whom I must look for their better enlightenment. Lastly, it is sometimes told me that chloroform produces improper thoughts, words, and actions, in persons otherwise pure; I have little hesitation in stating that the impropriety is much more likely to be the offspring of the mind of the observer. In conclusion, it is gratifying to reflect, that the prejudices and objections, so unsparingly raised against the practice of anæsthetic midwifery, at its introduction, are now steadily and surely disappearing; while the encouragement which it has received from the first personage in the realm, will, in every way, contribute to its progress. So far as the spread of the practice is concerned, I am glad to be able to state that in Liverpool it has considerably increased within the last five years. I am informed by Messrs. Evans, Sons and Co., one of the largest wholesale drug establishments in the town, that the quantity of chloroform sold by them to the retail chemists of Liverpool alone, during the last five years, is forty per cent. greater than they sold during the previous five years. It is just about five years since I first advocated anæsthetic midwifery in Liverpool."

Dr. Skinner proposes a new apparatus for the more safe, effectual, and economical administration of chloroform. The following is his description of it:—

"1. The inhaler is a mask, the framework of which is of tinned iron or German silver wire. It somewhat resembles a fencing-mask, excepting that it is covered with thin coarse domette instead of wire gauze, and that it covers only the lower half of the face. For convenience, it has a movable handle, and is otherwise made to fold up so that it may be carried in the pocket, hat, or case.

"2. The drop-tube is a tube of glass about two inches long, sealed at one extremity, so that a silver wire ligature only can pass; it is then thrust through a perforated cork which is inserted into a three or four ounce phial, and it is ready for use. The cork is more durable if covered with white kid leather.

"On inverting the bottle and drop-tube with chloroform in it, at no single inversion can more than thirty nor less than ten minims escape until it is reinverted. The advantages of such an arrangement will at once suggest themselves. The principle of this simple little invention is, that no more liquid can flow at one inversion than is sufficient to allow the atmospheric pressure to balance the elastic force of the vapor of chloroform and air within the bottle. It might

be called a pneumato-hydraulic regulator of chloroform. I will just add, that this drop-tube will serve for many other equally useful purposes—namely, for dropping collyria, for the administration of medicines in the form of drops, and as a 'poison cork.' For such purposes it is only necessary to incline the bottle until it begins to drop, when a child may almost be intrusted to drop laudanum with it. The leather covering over the cork is only requisite with chloroform."

DELIRIUM TREMENS TREATED WITH HALF-OUNCE DOSES OF THE TINCTURE OF DIGITALIS.

"A drayman, aged twenty-eight, of very powerful frame, was admitted into the Radcliffe Infirmary, Oxford, for a contused wound in the occiput, caused by falling backward while intoxicated. The hemorrhage, which had been very free, was checked by the application of a little pressure; and being put to bed, he soon fell asleep. Next day he appeared to be suffering from the effects of his debauch, and as he craved very much for a drop of beer, a pint of ale was allowed, which made him feel more comfortable; but in the evening he was seized with a violent fit of epileptiform convulsions, which lasted for about ten minutes. Another half-pint of ale was given to him, with the same result as before; and during the night he had two slighter fits of the same character. On the second day he complained of pain in the head, and, his bowels being confined, a good dose of calomel and jalap was administered, to be followed by sulphate of magnesia every four hours, and cold applied to the head. His bowels were freely opened, and he was quiet throughout the day and the following night. On the third day he became restless and fidgety, and was with difficulty kept in bed, being frightened by some imaginary object which he said constantly pursued him. In the night he got out of bed, and had to be carried back by force, in spite of his most violent efforts to the contrary. A strait-waistcoat was applied, and half an ounce of tincture of digitalis given in water. He soon became quiet, muttering a sentence in a low voice now and then, and continued so through the night, but did not get any sleep. Next day he was restless, and toward night became again very violent. A second dose of the digitalis was administered, and in a few minutes he fell asleep, and slept through the night and the greater part of the next day. After this he became very quiet and comfortable, and has progressed up to the present time very satisfactorily, the wound having nearly healed."—*Med. Times* and *Dublin Medical Press.*

A NEW METHOD OF TREATING GANGRENE.

"In a thesis of great interest presented to the medical profession in Paris, the 25th of February last, by M. Reynaud, entitled 'Local Asphyxia and Symmetrical Gangrene of the Extremities,' it is stated that the gangrenous parts have been submitted to analysis by M. Reveil, and that after these analyses the author has arrived at the conclusion that the fundamental cause of gangrene consists in a diminution or absence of the oxygen necessary to the integrity of the vitality of tissues.

"A case of spontaneous gangrene, which occurred in the wards of M. Laugrier in the Hôtel-Dieu immediately after his having read this thesis, furnished him with an opportunity of experiencing the surprising efficacy of this treatment. The foot—one toe of which was already partly mortified, the skin on the instep being painful, changed in color, and even threatened with gangrene—was placed in a simple apparatus where the evolution of pure oxygen kept it in a perpetually renewed bath of this gas. The prompt result was the arrest of the gangrene and the return to a healthy condition of the threatened parts. The separation of the eschar on the toe has taken place, and the cicatrix is almost formed.

"Another patient entered the wards of M. Laugrier affected with spontaneous gangrene of the two last toes of the left foot. The contiguous skin, as far as the articulation between the foot and leg, was red, painful, and threatened with mortification. For several days the oxygen treatment has been employed. At present the gangrene has remained limited to the parts at first attacked. The adjacent integument has continued sound and merely retains its redness. The pain has much diminished. There is reason to hope for a favorable termination, although this patient, as the former, is about seventy-five years of age. Whether the theory of M. Reynaud be correct or otherwise, the inference from these cases submitted to the Academy of Sciences is that, at least in certain cases, baths of pure oxygen rapidly arrest the progress of spontaneous gangrene of the extremities."—*Travaux de l'Academie des Sciences* and *Dublin Medical Press.*

VERATRIA IN RHEUMATIC FEVER.

In a clinical lecture recently delivered by M. Bouchut, at the Hôpital Ste. Eugénie, the employment of veratria in the treatment of rheumatic fever in children is strongly advocated. M. Bouchut, whose opportunities for testing any novel method of medication are so extensive, comes forward with thirty cases of acute rheumatism, in which veratria has proved sufficient for the cure of the malady in from three to twelve days, the amelioration setting in on the second or third day of its administration. One of the most remarkable effects of the action of veratria in rheumatic fever is the rapid fall of the pulse; whatever its frequency, the diminution under the use of this drug is most marked, the pulse falling to sixty, or even fifty, becoming almost thready and imperceptible, without causing to the patient any feeling of malaise. This abatement of the circulation M. Bouchut considers as the signal for the diminution of

the doses. With regard to the effect of veratria on heart complications, this is probably indirect, and due to the annihilation of the rheumatic poison. Besides its influence on the pulse, this medicine may, if given in too large quantities, irritate the mucous membranes, and produce vomiting, diarrhœa, and colic. The doses should therefore be small, and the ordinary formula recommended is, veratria and extract of opium, one grain each, to be divided into ten pills, of which two pills are to be given the first day, three the second, four the third, five the fourth, and so on, increasing one pill each day until the condition of the pulse or the irritation of the mucous membrane compels a diminution. The difference of price in hospital practice between the use of veratria and that of sulphate of quinia is, of course, one point of comparison in which the advantage remains very decidedly with the former; add to which, in a therapeutical aspect, veratria is perfectly innocent of those charges of exciting rheumatic determination to the membranes of the brain, which in some measure appear to have been justly adduced against quinia since the employment of large doses of this drug has come into fashion.—*Lancet* and *Dublin Medical Press.*

EPILEPSY SUDDENLY AND REMARKABLY RELIEVED BY THE USE OF ARSENIC.

The following, from *Braithwaite's Retrospect*, was published in the *Medical Times and Gazette.* The case was under the care of Dr. Bristowe, of St. Thomas's Hospital:—

"The patient is a shop-boy, aged fourteen, who has been subject to epileptic fits for upwards of two years. They came on without obvious cause, and at first were always nocturnal. They gradually increased, so that after a time he generally experienced two or three every night, and often one or more in the day. In May last he was admitted into the hospital, where he remained four months; and under the treatment there so far improved that, during the latter part of that time, and for the following three months, the fits recurred only about once a month. A week before his last admission, however, they came on again suddenly, and with great severity. For the first three or four days of this time the fits followed one another night and day with great rapidity, but he had intervals of consciousness. For the last three days, however, the fits were still more frequent, and he continued between them in a state of insensibility. He was admitted on November 13th, in the condition just described, but in so utterly prostrate a condition that his speedy death was anticipated. With the aid of a purge and of a blister to the neck he emerged from this critical state, and became quite conscious. The fits, however, though rendered less frequent, did not cease, and he was ordered to take two grains of sulphate of zinc, in infusion of valerian, three times a day. From this time up to December 7th the above line of treatment was pursued, the dose of sulphate of zinc being gradually increased to ten grains. During the whole of this period, however, his condition was a peculiar one. His lower extremities, which previously had been healthy, were feeble and uncertain in their movements, like those of a paraplegic patient, so that he was unable to walk; but there was no anæsthesia. He was therefore in bed, and for the most part in a semi-recumbent posture. But it was observed that whenever he tried to turn or otherwise moved his legs, and especially, therefore, if he were made to get out of bed, a peculiar numbness or sensation of 'pins and needles' crept from the toes upward, and was followed in a few seconds by a fit,—the fit lasting for about half a minute only, and being preceded by a prolonged and distressing scream. The truth of the statement just made was repeatedly verified by Dr. Bristowe. It was ascertained, however, that after a fit had been thus produced he enjoyed a perfect immunity for about a quarter of an hour, during which time he might move about as he pleased without any ill results; and it was further ascertained that by careful management he could, and usually did, prevent the occurrence of any fit during the day. They took place, however, frequently in the night, always preceded by a scream, and they increased in frequency nightly, so that on the night of December 6th they were so numerous that his constant screaming prevented any of the patients in the ward from getting rest.

"On the next morning (the 7th) the medicine he had hitherto taken was ordered to be omitted, and five drops of liquor arsenicalis with compound fusion of gentian thrice daily were prescribed. He had no fit the following night, and none during the succeeding eight days. For two or three days he still suffered from occasional attacks of numbness in the leg; these feelings, however, quite disappeared, and he recovered completely the use of his lower extremities. On the afternoon of the 16th he was visited by his mother and several of his friends, who remained with him for some time. Almost immediately after they left him, the fits returned, and between five and ten P.M. came on every ten or fifteen minutes. During the night he had two; and during each of the two following nights he had also one or two attacks. From the 18th, however, up to the present date (the 31st) he had continued entirely free, and apparently quite well.

"There are a few particulars to be added to the case. The boy was, and is, pale and anæmic-looking, but his digestive functions seem naturally performed; he has no cardiac or pulmonary symptoms. He is quite intelligent, and so far as can be ascertained has no spinal or renal disease. The mode of access of the fits, the way in which they could be produced at pleasure, and the way in which their occurrence could, during the daytime, be prevented, are all interesting, but do not perhaps call for special comment. The effects of the arsenic were, however, so sudden and so remarkable, that in order to show they were

not fallacious, a few words seem necessary. It will be observed that the fits were nocturnal, and that they increased in severity up to the very night before the change of medicine was made. The change of medicine, further, was effected without calling his attention to the fact, or to the probability or possibility of any special effect from it; so that the sudden disappearance of the fit could scarcely have been due to any mental impression, and could scarcely have been a mere coincidence. It will be observed, too, that though the fits themselves ceased at once, the aura persisted for a time, and further that even after the latter had disappeared, the liability to have fits from any excitement continued; both of which points are quite compatible with the view that the amendment in this case was due to the use of arsenic, and indeed favor it."

TREATMENT OF TAPE-WORM.

Dr. Fleming, of Birmingham, in clinical remarks published in the *Medical Times and Gazette*, says he "has made comparative trials of several vermicides on the tape-worm; among others of male fern, kamala, koosso, and spigelia. All are useful, but Dr. Fleming finds the first to be most efficient and the safest. He gives it thus: ℞. Ol. filicis, ʒj; mist. acaciæ. ʒss. M. ft. haust. To be mixed with an ounce and a half of sweet milk and taken at bedtime. The patient must omit the dinner and evening meal of that day. Taken thus, on an empty stomach, the mixture is carried speedily into the intestines, to feed, and, at the same time, poison the hungry parasite which nestles there. Milk is the favorite food of the worm. A large experience leaves no doubt of the great efficiency of this medication. In 1857 Dr. Fleming obtained a supply of the kamala from Dr. Anderson, of the H.E.I.C.S., and was one of the first to use that drug in this country. As a worm-killer, it is often very efficacious, but less so than the male fern; while its action on the bowels and secondary depression of the system are often unduly severe."

ON THE DIETETIC TREATMENT OF DIABETES.

"We are in a position, I conceive, safely to say thus much concerning the nature of diabetes. In the healthy person, the starch and sugar consumed as food are assimilated, and rendered subservient to the requirements of the economy. In the diabetic, there is an absence of this power of assimilation, so that whatever of such food is taken, on account of its not being properly elaborated, it filters through the system in obedience to the simple laws of physics. I believe, in thus passing through the system, the sugar in such quantities so alters the natural character of the blood as to unfit it for properly performing the healthy operations of life, and in this manner occasions the functional disturbances and structural changes that occur in diabetes. The obvious rational plan of treatment (until a means can be discovered for restoring to the body what is deficient, or correcting what is faulty) is restriction from food charged with the unassimilable materials.

"The sugar that may still continue in the urine under abstinence from vegetable food results, I consider, from a non-assimilation of the amyloid substance manufactured by the liver out of the materials resulting from the disintegrating of tissue and the retrograde metamorphosis of aliment absorbed into the circulation in excess. As long, however, as the sugar in the urine can be kept down to ten, twelve, or even fifteen hundred grains a day, my experience so far as it has extended is, that the patient does not in any way know of the existence of his complaint otherwise than by the necessity of restricting himself to the regimen essential to attain this object. With only such an amount of sugar escaping, I believe that the blood remains adapted for the healthy performance of all the functional operations of life."—(Dr. F. W. Pavy, *Guy's Hospital Reports*, quoted by *Braithwaite*.)

OXALATE OF CERIUM IN THE VOMITING OF PREGNANCY.

The following case is published in the *Lancet*, by Albert Lloyd, Esq., of Bermondsey, and quoted in *Braithwaite*:—

"Mrs. J., aged twenty-six, the mother of one child, of very anæmic appearance, has been out of health for the last fourteen months, during which time she has miscarried twice; on the last occasion had much hemorrhage. On October 22d she applied for medical treatment. When I visited her I found her suffering from pain in and about the right ovary; but her pulse did not seem to indicate that it was of an inflammatory character, neither was the pain much increased on pressure over the affected part. The next day, however, a most marked change had taken place, as could be seen at once in her face. Pulse 160, thready; great pain over the right iliac and hypogastric regions, which became intense on pressure, with other symptoms of peritonitis. Her case was rendered the more distressing by her continuous retching. Everything taken into the stomach, however small in quantity, was instantly rejected; the effervescing mixture with prussic acid, ice with the fluid given, increased rather than checked it. I thought I would try the effect of oxalate of cerium, so highly esteemed by Dr. Simpson, of Edinburgh, for the sickness of pregnancy. I ordered her three-grain doses every two hours, to be placed on the tongue dry, with a small piece of ice to assist in swallowing each powder. All vomiting ceased after the second or third dose, and she was now able to retain the brandy and eggs, which were before rejected. All irritability of stomach having subsided, I ordered her twenty minims of Battley's sedative solution every three hours, and after being under

its influence thirty-six hours, she rapidly recovered, and was up in a fortnight.

"I send this case more in reference to the oxalate of cerium here exhibited. I read in your last impression an inquiry as to the success of this remedy in the sickness of pregnancy. I know it to have been very useful in several cases; dose, three grains every three hours. In two cases, however, it failed."

OXALATE OF CERIUM AND PEPSIN IN THE VOMITING OF PREGNANCY.

Mr. Geo. Selwyn Morris, of Guisbro', (*London Lancet,*) says:—

"I have used the oxalate of cerium in six cases lately, where sickness and retching were most urgent in pregnancy. I cannot say that I am at all satisfied with the results. It is true three of the cases were relieved by it; but in order effectually to stay the urgent vomiting, I was obliged to have recourse to my favorite drug (pepsin) in ten-grain doses. I gave the oxalate of cerium in tragacanth powder, two or three grains for a dose, three times a day."

REVIEWS AND BOOK NOTICES.

A Manual of Medical Diagnosis: Being an Analysis of the Signs and Symptoms of Disease. By A. W. Barclay, M.D., C. and E., F.R.C.P., Assistant Physician to St. George's Hospital, etc., etc. Second American, from the Second and Revised London Edition. Pp. 450. Philadelphia: Blanchard & Lea, 1862.

This standard work on the principles of the practice of medicine has been noticed in our columns. We are glad to see that a new edition has been called for so soon, as it indicates a demand, on the part of the profession, for works treating of the principles of medical science, and is an evidence that it is making real substantial progress.

In order to treat disease intelligently a correct diagnosis must first be formed. The work before us, being intended for the practitioner, of course supposes him to be informed on the elementary principles of medical science. It does not, therefore, treat of anatomy, physiology, or pathology, but gives minutely those details of symptoms of the various diseases that affect the different organs, that are necessary to enable the intelligent practitioner to form the correct diagnosis which must precede treatment that promises such results as every conscientious physician aims at—the relief of the patient.

Up to the date of Dr. Barclay's revision of the work he has left little or nothing to desire in order to render it perfect as a book of reference for the general practitioner.

In making up his library, the physician who desires to be thoroughly furnished with the means of acquiring a position in which he can do the greatest amount of good must number this work among his purchases.

Report of Professor Valentine Mott's Surgical Cliniques in the University of New York, Session 1859–60. By Samuel W. Francis, Member of Dr. Mott's Surgical Staff. *Sic est vita.* Pp. 209. New York: S. S. & W. Wood, 1860.

This little work consists of a report of nearly a hundred cases that came under the professional care of Dr. Mott in the Clinics of the University of New York during the session of 1859–60. The object of the work is to preserve, in a durable shape, some of the aphorisms of this distinguished surgeon.

Dr. Mott has for so long a time held a position in the front rank of the many able surgeons that America has produced, and the time is so near at hand when, in the course of nature, "the place that now knows him, will know him no more," that we feel sure that many in this country, not alone from among his former pupils, will be glad to possess this small memento of one who for so long a time has been honored, at home and abroad. Additional value is given to the book by its possessing an unusually fine steel engraved portrait of Dr. Mott.

Dr. Francis has performed his part as a reporter very creditably. It was meet that a son of Dr. John W. Francis should offer this tribute in honor of one who had for so many years been a companion and friend of his distinguished father in his professional career of half a century. The work is issued in a very neat and attractive style.

We have received the following works:—

The Essential Dignity of the Profession of Medicine. The Annual Address before the Medical Society of the State of New York, and the Members of the Legislature, delivered in the Capitol, February 6th, 1862. By Edward H. Parker, M.D., President of the Society.

Wounded Trachea: Suffocation and Death in Nineteen Months. Suffocation by Plugging of the Trachea by a Portion of Diseased Bronchial Gland. By J. R. Boulware, M.D., of Albany, New York. Read before the Medical Society of the State of New York at its Annual Meeting, February, 1862.

Dislocation of the Femur into the Ischiatic Notch; Reduction by Manipulation; Death from Rupture of the Bladder; Dissection of the Hip. By Joseph C. Hutchinson, M.D., Professor of Operative Surgery and Surgical Anatomy in the Long Island College Hospital, etc., etc. Read before the Medical Society of the State of New York, February, 1862.

Is Tracheotomy in True Croup a Justifiable Operation? By John O'Reilly, M.D., Licentiate and Fellow R.C.S., Ireland, etc., etc. New York, 1862.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, AUGUST 9, 1862.

SCHOOL HOUSES.

It is a settled principle that every American child must have some sort of an education. If he does not at least learn how to read and write, he can scarcely claim to be an American. Hence, the school follows population, and our frontier "settlements" have their little school-houses, primitive, elementary, built of logs, with clay floor, "puncheon" seats, and the door and a huge "stack" chimney for windows. Here, flaxen headed urchins are taught to read and write, and sometimes to "cypher." They scarcely drink deep enough of the Pierian spring, or are closely enough confined to their studies, to render a lecture on hygiene of any avail to them. The district school-houses of the rural portions of the older States, and the academy buildings of our country villages, are usually frame, stone, or brick structures, with little pretension to architecture, and often but ill adapted to the purpose for which they were designed, being specially deficient in proper hygienic arrangements. But it is not in these rural school-houses that the health of children is exposed. The pure air they breathe, their active sports during the long intermissions between school-hours, and their employment at home, are sufficient to counterbalance any ordinary deficiencies in the hygienic arrangements of the school-houses. We must not be understood as saying a word to discourage sanitary improvements in buildings devoted to school purposes in the country. They should be made, if possible, perfect models of architecture, and built with especial reference to sanitary rules. And as physicians are generally on school committees in the rural districts, they should see to it that their school-houses are as perfect buildings, in a sanitary point of view, as circumstances will allow.

But this article is written with special reference to large towns and cities, where ground is expensive, where costly buildings are erected, each intended to accommodate hundreds of children, and where school commissioners are more frequently politicians than practical sanitarians, and to the sanitary appointments of the buildings than to the hygienic management of children during school hours.

The change in the architecture of school-houses, in our large cities, has been very marked, of late. Large sums of money are expended in outward and useless display oftentimes, which, if they had been devoted to a hygienic adaptation of the buildings to the purposes for which they are intended, would have resulted in great good to the children, and better subserved the end supposed to be sought, viz., the education of the rising generation. What is an education worth if it is obtained at the cost of health, comfort, and even life, which is too often sacrificed to the utter and criminal disregard of the plainest rules of hygiene in the construction of our school-houses? Why may not our children obtain an education, and, at the same time, grow up vigorous and hearty, and capable of applying the knowledge they acquire, to their own benefit, and to the advancement of their city and the good of their race?

We observe that large appropriations have been made, of late, for building new school-houses in different parts of this city. Several "first-class" buildings are now in progress, on which more attention is being paid to decoration and ornament than has been heretofore given. We deem it, therefore, a fitting opportunity to call attention to a subject of the highest importance to the public generally, viz., *school architecture, in reference to health.*

Everything that renders school-houses attractive and pleasing to the eye, every appliance that better adapts them to the purposes of education, everything that is added to increase the comfort and convenience of the teacher and scholar, is worthy of the effort necessary to obtain it. We are glad to see evidence of a determination on the part of those to whom are intrusted our educational interests, to provide attractive school-houses. We would rejoice to see every school-house in the land a perfect model of architecture, an ornament and pride to the neighborhood in which it is located. But there are considerations of vastly greater consequence than mere architectural display. Prominent among these are the health, comfort, and well-being of the occupants, and adaptability to the purposes for which the building was intended. It is a sad, a criminal waste of money, to expend it on mere display, while these vital objects remain unattained. We would name the following as among the *essentials* of a good school-house:—

1*st. Space.*—In locating a new school-house,

the first step should be to secure sufficient ground to allow of a free circulation of air on *all sides* of the building. The yard should be ample, and moderately shaded. We say *moderately*, for we would carefully avoid such a profusion of shade as is too often found in our large towns and cities, and which shuts out the sun-light, without whose vivifying rays neither plant nor animal can maintain a healthful existence. Ample space will give room for needed exercise during the brief periods of recess. The ground may cost a good deal, but it is an essential, and will return a good interest on the outlay, in the health and progress of the pupils.

2*d. Light.*—This should beam in on the pupils with as little to obstruct its rays as possible. The blanched skin is indicative of deprivation of light, and its possessor, like the plant that vegetates in the dark, is sickly. The body that is deprived of light cannot contain a vigorous, active mind. Deprivation of light tends to engender vice and immorality, as well as ill health. An abundance of the light of heaven is an essential in a good school-house.

3*d. Air and Ventilation.*—We have already recommended such measures as will insure a supply of fresh air. Ventilation should be secured in such a way as not to incommode the pupils. We have seen school-rooms that could only be ventilated thoroughly by opening the windows, a very faulty way of ventilating for very obvious reasons. The ceilings should be high, and the rooms airy.

4*th. Heat.*—This should be applied by means that will secure an equable temperature throughout the school-room, and there should be facilities for easily regulating it.

5*th. Comfortable Seats.*—The construction of the seats in many of our school-houses is barbarous and cruel in the extreme. They are generally too cramped, and with very inadequate support to the back.

6*th. Egress; Stairways.*—The means of egress from our school-houses should be ample. The stairways should be so constructed that there shall be no possibility of falling over them from one floor to another, and the doors *should all open outwardly*, so that in case of any sudden alarm, as of fire, they will not be closed before a rush of human beings, thus effectually barring egress. Sad calamities have resulted from a neglect of these precautions.

7*th. Conveniences.*—There should be ample means of procuring fresh water for drinking. We have heard of a great deal of suffering from thirst, in consequence of very inadequate arrangements in this respect. A single bucket of water and a cup is all the means provided for several hundred children to quench their thirst during a recess of only a few minutes' duration. Most of our school-houses are also lamentably deficient in adequate water-closet accommodations, much to the inconvenience, and often distress, and even risk of the pupils. Another lack in the way of conveniences, in most of our school-houses, is suitable rooms for the disposal of clothing, overshoes, umbrellas, etc., during school hours.

We would be glad to see Philadelphia introduce a reform in school architecture. Cannot her new Board of Control make a reform in this respect, while they are reforming abuses which are, after all, of much less real importance?

OUR SICK SOLDIERS.

A respected correspondent—Dr. E. Lynch, of Lancaster, Ohio—calls our attention to a form of disease which has fallen under his notice, occurring in young men who have returned home from the army on furlough. He says that during the last three months he has had at least thirty under his care "who complained of pain on the left side in particular, a husky cough, with expectoration, periodical chills, and a general relaxation of the nervous system." He treated them for a pleuritic affection with success, and, after they had become convalescent, he administered tonics.

We incline to the opinion that a tonic and supportive treatment is indicated throughout, in most of these cases of broken-down young men from our army. They are to be found in all the military hospitals, the regimental and division hospitals of the army encampments, and in the various government hospitals throughout the North. Our army was made up of men entirely unused to the peculiar exposures and hardships of a soldier's life. It is composed, in great part, of young men from our shops, counting-rooms, and farms. They have not been *gradually* accustomed to the burden of the knapsack, the fatigues of long marches, and the exposures of camp life—but have gone into active service without the opportunity for preliminary training. No wonder they become exhausted and break down. It could hardly be otherwise. It seems to us that what they want chiefly, is rest and supporting treatment.

EDITORIAL NOTES AND COMMENTS.

The Sanitary Condition of Camps.—In an order dated at Culpepper, Virginia, July 30th, Brigadier-General S. W. Crawford issues the following instructions bearing on the sanitary condition of camps:—

The attention of commanding officers of brigades and detachments is called to the condition of their camps, in regard to police duty. Commanding officers will direct sinks to be dug immediately for their command, where this has not already been done. All offal will be at once burned, and immediate attention of commanders is called to the daily police of their respective camps, and the personal cleanliness of their commands.

We believe that more care on the part of the medical officers of the army in having the police regulations of the army, so far as they bear upon the health of the troops, strictly enforced, would have saved hundreds of lives, and thousands of soldiers, now disabled by preventable disease, to the armies of the Union. The sanitary condition of the camps, and of the men, especially during the warm months, should receive the careful attention of medical inspectors and the medical officers of regiments.

Exemption from Draft—Physical Disability.—As government is about drafting three hundred thousand men or more, in order to add to or replenish the armies of the Union, it becomes a very serious question with some *patriots*, who are very willing to shed their *last* drop of blood in the service of their country, but who have some scruples as to shedding the *first* drop, "Am I exempt?" With the political grounds of exemption we have nothing to do. But there are certain physical disabilities that render a man unfit for military service, however desirous he may be of serving his country. Hitherto these have not been sufficiently regarded by medical inspectors, and the loss to government and to the country has been incalculable. Adjutant-General Hillhouse, of New York, publishes the following as sufficient ground of exemption on account of physical disability:—

"Wounds of the head, which impair the faculties, or cause convulsions; serious impairment of hearing, speech or vision; anchylosis, or active disease of any of the larger joints; the presence of pulmonary disease, or organic disease of the heart; irreducible hernia; fistula in ano; large hemorrhoids; large and painful variscelli, or varicose veins which extend above the knee; the loss of a limb, or the thumb and forefinger on the right hand, or of any two fingers on either hand; the loss of the great toe; any marked physical imperfections which would unfit for active service."

New Splint for Fractures of the Jaw.—This instrument, proposed by Dr. L. F. Locke, of Nashua, New Hampshire, in our issue of July 12th, can be readily made by any instrument maker or dentist. This form of splint, which is not altogether new, may prove to be very useful in many cases of fracture of the jaw, and such will be likely to be of frequent occurrence during the pending war.

Now is the time to detail, through our pages, the *practical* applications of the various kinds of dressings for fractures and other injuries of a surgical nature.

CORRESPONDENCE.

Domestic Correspondence.

CAUSE OF EPILEPSY.

PHILADELPHIA, August, 1862.

The next item, according to my *programme*, to be noticed as a cause of epilepsy, is *precocity of intellect and overtasking children in study.* This is a subject upon which physicians and medical writers have generally discharged their duty faithfully, and still there is great fault somewhere, and hundreds of slender, delicate, and precocious children, especially in our large cities, are annually sent to a premature grave. One would suppose enough had been said and written upon this subject by physicians, and in the popular journals, against the *hot-house* system, and unnecessary *brain-pressure* upon such children, to put a stop to such a pernicious practice, and yet the evil is as prevalent as at any former period.

Perhaps this evil has received impetus, and may be accounted for in some degree, from the fact that there are children upon whose minds no impression can be made. They will not apply themselves, and in this day, when children generally rule at home, and do as they please at school, such *wooden-heads demand* compulsion. Their minds being as obtuse as to any sense of the necessity of application to study as the skin of the rhinoceros is to blows, can never be over-

tasked. Such can never be injured by study. But this is not the class of children out of which epileptics are *manufactured* by intense mental application.

They are entirely of a different class. Generally they are of a scrofulous *diathesis*, and scrofulous children are almost invariably precocious. The nervous system of such children is extremely delicate. Their whole frame is slender and sensitive. They have a quickness and vivacity not common to other children. They act, move, talk, and play with all their might. They are never still and always very inquisitive. They will learn, place them where you will. They should never be allowed to study early. They had better, like the Emilius of Rousseau, never be allowed to learn to read till they are a dozen years old.

Urge one of these children prematurely forward, and his mind soon becomes jaded; his intellect becomes unbalanced; nervous disease supervenes, and the little bright and sprightly child, the idol of its fond parents, their "little pride," soon becomes the object of their solicitude and painful anxiety. The precocious intellect was quite too active for the body, "the sword too sharp for the scabbard." With the pressing studies, the nervous irritation increased, and bodily health began to fail. The bright flashes of thought, the sparkling witticisms of the pale little thing, bursting from the overtasked mind, called forth loud applause from inconsiderate friends and ignorant admirers.

Next followed nervous *spasms*, and as the nervous system continued to give way, *more food* was claimed for the bodily exhaustion, and the *more* food was taken the worse for the child. The twitchings and spasms increased, till by some extra mental effort, or sudden fright, or overloaded stomach, the spasm became the convulsion, and *epilepsy* with all its horrors was apparent; and, under the ordinary treatment, in all probability, an early grave or irretrievable *idiocy* awaits the child.

Such has been, and now is, the course pursued by many parents, and such a physiological and hygienic perversion of nature, and of all her laws of action, can never fail to be visited by the sad retribution of an exhausted system of both body and mind.

Both as a medical practitioner, and as having come much in contact with children—for the writer was for several years a member of the Board of Public Schools in Boston, and is now one of the directors of the Public Schools of Philadelphia—he is prepared to verify what he says upon the subject of mental pressure upon precocious children. Indeed, so intense has been his feeling upon this subject that he has instituted a school upon the following plan for little children: It is not a school for *study*, but for the *physical culture* of little children. It is not upon the old principle of *infant schools*, the object of which was to make men and women, in intellect, of young children. Thanks to a kind Providence, that day and those schools have passed away. The death of such a system will be the life of many children, and if one-half the *study* now demanded in our public schools, of young children, were relinquished, and the children compelled to practice some athletic exercise instead, they would be great gainers, both as respects mind and body.

The object of the writer's school for these young children is to amuse, entertain, and instruct them. Amusement by plays and innocent games, constructing block-houses, teaching the alphabet and other items by cards, explaining pictures from scriptural and other historical characters and events, drawing outline maps or imitating outline pictures of animals, birds, and houses upon paper, or making them in the form of basket-work with strips of pasteboard variously colored, playing ball, battle-door, calisthenic exercises, and such like entertainments, constitute the employment of the school.

This school has been under the immediate care of a *lady* of amiable disposition, cultivated mind, and good taste. The parents who have patronized it have been delighted, as they have seen their children in good health, their bodily organs well developed, their faces ruddy and smiling, their eyes bright, their minds better informed than those who have been made to sit still and study six hours a day, and their social affections lovely and kind.

Let parents be warned against the modern *hot-house* course of education pursued in many schools. Teacher or parent, be warned against wishing to see your pupil or son *a genius*. You will be quite as likely in the end to see him an *idiot*, or to follow him to a premature grave. All precocious children need *holding back*, rather than *spurring on*. An early development of the mental powers is wholly unnecessary, even if children are designed for scholars. Almost all our scholars

graduate from college *too early*. Their bodies are injured by too much study *in early life*, and their education is comparatively worthless to what it would be, if they graduated several years later. They usually verify the old adage, "soon ripe, soon rotten."

Our educational system has been in a wrong direction. It begins, is carried on, and ends wrong. It is opposed to physiological laws. They demand the education of the *physical* powers first. This commences with the mental. This unnatural process lays the foundation for many cases of epilepsy. Nor is epilepsy the only disease that is caused by such a process. Chorea, neuralgia, and general debility of the whole nervous system follow in the train of diseases which are thus induced.

When a practitioner in Boston, often was I called to children prostrated by this *brain-pressure*. Well do I remember a little girl, out of the many, bright, quick, ambitious, always at the head of her class, the admiration and pride of her parents and teacher, but brought to an early grave by the well-intended but ill-judged training of that teacher. Little did she think she was laying the foundation, while stimulating her young mind, for such a death. That disease was not epilepsy. But it was what the common people call *brain fever*. It was mental pressure.

I remember, too, an epileptic case, where disease was induced in the same way. A little bright, nervous, slender boy was early pressed with study. At the age of seven years he could read Latin, at eight Greek, and at eleven he died an epileptic—an epileptic from *over-stimulation of the brain*.

Now this is a subject which every physician does or ought to understand, and to impress deeply upon the family when called to see such a child. But the evil is, the physician usually is not called till the mischief is done, and hence his advice amounts to as much as it does "to lock the door after the horse is stolen."

The clergyman, the teacher, every parent, and above all every physician, ought to cry out against that educational process which kills hundreds and thousands of children annually in our land.

Wm. M. Cornell, M.D.

P.S.—Just as I had finished the above, a gentleman of intelligence has called, and related the following case: A little girl, of bright parts and delicate nerves, who was hard pressed with study in one of the public schools of this city, had been promised a *reward*, if she would also commit to memory a certain number of verses from the Bible, to repeat every Sunday morning at the school. The result was *chorea*, in its most severe form. To add to the evil, her mother, a simple woman, took her first to an *Italian priest*, and after going through his *mummery* for some weeks, and finding no improvement, she next took her to a *quack*, who cut a lock off her hair, and told her mother to go home and give her *snakeroot*, and she would not be sick any more. Thus these poor children are not only *made* sick by those who ought to know better, but also *kept* sick by "silly women" and unprincipled charlatans.

NEWS AND MISCELLANY.

Services of the New York Volunteer Surgeons at the Battle of Williamsburg.

New York, July 15, 1862.

S. Oakley Vanderpoel, M.D., *Surgeon-General of the State of New York.*

Dear Sir:—The undersigned, members of the corps of volunteer surgeons of the State, who were detailed by you to report themselves at Fortress Monroe, in anticipation of a battle at Yorktown, but who had no opportunity to make their services available until after the battle of Williamsburg—Dr. Tripler ordering us to report to headquarters at Williamsburg—beg leave to announce to you the great satisfaction of their mission.

At Fortess Monroe we reported to Dr. Cuyler, and were agreeably received and expedited on our journey. At Williamsburg we reported to Dr. Tripler, and were cordially greeted by him and his assistant, Dr. Smith.

Our services were needed, and we were immediately assigned to the charge of nearly all the wounded in Williamsburg. These were congregated in William and Mary's College, and the different churches, or scattered about in private dwellings or shanties.

The rebel wounded, to the number of seven or eight hundred, were nominally under the care of their own surgeons, some of whom were prisoners, and others of whom had come under a flag of truce for the purpose of attending to their wounded; but from neglect, and the destitution of resources, little regard had been paid to their comfort, or to the dressing of their wounds. On our arrival the services of the rebel surgeons were at once dispensed with, and they were sent back to Richmond, and the medical officers of our own army were enabled to join their respective commands, so that we had almost the exclusive care of the wounded.

Our work was constant and laborious, a number of capital operations were performed, broken limbs for the first time placed in splints, balls extracted, and a general air of order and cleanliness established.

Our visit was a humane one, but has added much to our surgical experience. Our services elicited the surprise and gratitude of the wounded rebels; and, independent of any surgical aid afforded, were, we believe, useful in a moral point of view, in showing the wounded prisoners that we still regarded them as our fellow-countrymen, and bore toward them no feelings of hate or hostility.

On leaving Williamsburg we accompanied five hundred of the wounded rebels to Fortress Monroe, leaving one of our number, Dr. David L. Rodgers, in charge of those that remained. Dr. Rodgers is still on duty at Williamsburg.

We are under great obligations to Drs. Tripler and Smith. They were ceaseless in their activity. Possessing, in addition to medical skill, that energy, system, and business capacity, without which the operations of an army must be delayed, by the disorder which, to a greater or less extent, is consequent upon every battle, they provided for the disabled, sent those that could be removed in safety to the transports in the river, promptly brought order out of confusion, and yet had time to appreciate our services, and to consult for our comfort.

While admiring their efficiency, we would, through you, offer our thanks to them for the courtesy and kindness which have rendered our excursion to Williamsburg agreeable, useful, and memorable.

Very respectfully yours,

(Signed) James R. Wood, M.D.,
John O. Stone, M.D.,
E. Krackowizer, M.D.,
Daniel Ayres, M.D.

Brunel's Mishaps.—The following is from an article on the Brunels in the *Quarterly Review*:—

Although Brunel died at the comparative early age of fifty-three, it is even a matter of surprise that he lived so long. He had more perilous escapes from violent death than fall to the lot of most men. We have seen that at the outset of his career, when acting as assistant engineer to his father in the Thames Tunnel, he had two narrow escapes from drowning by the river suddenly bursting in upon the works. Some time after, when inspecting the shafts of the railway tunnel under Box Hill, he was one day riding a shaggy pony at a rapid pace down the hill, when the animal stumbled and fell, pitching the engineer on his head with great violence. He was taken up for dead, but eventually recovered. When the Great Western line was finished and at work, he used frequently to ride upon the engine with the driver, and occasionally he drove it himself. One day, when passing through the Box Tunnel upon the engine at considerable speed, Brunel thought he discerned between him and the light some object standing on the same line of road along which his engine was traveling. He instantly turned on the full steam and dashed at the object, which was driven into a thousand pieces. It afterward turned out to be a contractor's truck which had broken loose from a ballast train on its way through the tunnel. Another narrow escape he had was on board the Great Eastern steamship, where he fell down the hatchway into the hold, and was nearly killed. But the most extraordinary accident which befel him was that which occurred while one day playing with his children. Like his father, Sir Marc, he was fond of astonishing them with sleight-of-hand tricks, in which he displayed considerable dexterity; and the feat which he proposed to them on this occasion was the passing of a half sovereign through his mouth out at his ear. Unfortunately, he swallowed the coin, which dropped into his windpipe. The accident occurred on the 3d of April, 1843, and it was followed by frequent fits of coughing, and occasional uneasiness in the right side of the chest; but so slight was the disturbance of breathing, that it was sometimes doubted whether the coin had really fallen into the windpipe. After the lapse of fifteen days, Sir B. Brodie met Mr. Key in consultation, and they concurred in the opinion that most probably the half sovereign was lodged at the bottom of the right bronchus. The day after, Mr. Brunel placed himself in a prone position on his face upon some chairs, and, bending his head and neck downward, he distinctly felt the coin drop toward the glottis. A violent cough ensued, and on resuming the erect posture, he felt as if the object again moved downward into the chest. Here was an engineering difficulty the like of which Mr. Brunel had never before encountered. The mischief was purely mechanical; a foreign body had gone into his breathing apparatus, and must be removed, if at all, by some mechanical expedient. Mr. Brunel was, however, equal to the occasion. He had an apparatus constructed, consisting of a platform, which moved upon a hinge in the centre. Upon this he had himself strapped, and his body was then inverted, in order that the coin might drop downward by its own weight, and so be expelled. At the first experiment the coin again slipped toward the glottis, but it caused such an alarming fit of convulsive coughing and appearances of choking, that danger was apprehended, and the experiment was discontinued. Two days after, on the twenty-fifth, the operation of tracheotomy was performed by Sir Benjamin Brodie, assisted by Mr. Key, with the intention of extracting the coin by the forceps, if possible. Two attempts to do so were made without success. The introduction of the forceps into the windpipe on the second occasion was attended with so excessive a degree of irritation, that it was felt the experiment could not be continued without imminent danger to life. The incision in the windpipe was, however, kept open, by means of a quill or tube, until the thirteenth of May, by which time Mr. Brunel's

strength had sufficiently recovered to enable the original experiment to be repeated. He was again strapped to his apparatus, his body was inverted, his back was struck gently, and he distinctly felt the coin quit its place on the right side of his chest. The opening in the windpipe allowed him to breathe while the throat was stopped by the coin, and it thus had the effect of preventing the spasmodic action of the glottis. After a few coughs the coin dropped into his mouth. Mr. Brunel used afterward to say that the moment when he heard the gold piece strike against his upper front teeth, was, perhaps, the most exquisite in his whole life. The half sovereign had been in his windpipe for not less than six weeks.

Personal.—The following appointments have recently been made in the regular army of the United States:—Assistant Surgeons, John Moore, Andrew K. Smith, Richard H. Alexander, and Jos. R. Smith, to be Surgeons; and the following to be Assistant Surgeons:—Wm. W. Keen, George L. Porter, David L. Huntingdon, T. W. Williams, Charles M. Colton, T. M. Brown, Charles S. De Graw, Edward C. Strode, Andrew H. Smith, and Van Buren Hubbard.

Headland on the Action of Medicines.—Lindsay & Blakiston, of this city, have the fourth edition of this standard and popular work in press.

Anecdote of Dr. John Miller.—In a memoir of the late Dr. John Miller, of Cortland County, read before the New York State Medical Society, by Dr. Geo. W. Bradford, of Homer, the following anecdote is told, which is worth preserving:—

"Before coming into Cortland County, in 1801, Dr. Miller had formed an attachment to, and an engagement with a young lady living in Rensselaer County, N. Y., whom he expected to become his partner and help-meet in and through the journey of life. After his settlement here they held a constant correspondence, and, while the doctor was laboring with all his energies to prepare for his chosen one a home, she remained behind making preparations for a residence in the wilds of the West. Matters went smoothly on with them for some months, each frequently receiving assurances of faithfulness and mutual attachment. After some time letters were not as frequently received by either party as formerly, and at last ceased entirely. The doctor wrote often, but received no reply to his anxious inquiries for the cause of this total silence on the part of her he so ardently loved. Just so with the lady; she too had written time and again, seeking to know the cause of this seeming coldness, this abandonment of him to whom she had plighted her first love. Each had come to the conclusion that the other was false to the sacred engagement.

"Matters remained thus for some time without either hearing anything from the other. At last the doctor received a letter from a friend of his living in Troy, (the place of the young lady's residence,) informing him that the young lady in question was to be married to some one there, on such an evening, but a few days from that date. The friend knowing something of the previous engagement of the doctor to the lady, learned she had been induced to marry the person of her second engagement from the belief that the doctor had cast her off—had forfeited his plighted honor, she not having heard anything from him in reply to her letters for many months. The friend at once suspected something wrong. He knew John Miller would never be guilty of so base an act as to leave one to whom he was betrothed in such a manner. That if it were impossible for him to fulfill his engagement, or if he desired to cancel the obligation, Miller would at once frankly and honestly inform the young lady. That he was far too honorable, too noble to do so base an act. Believing this he wrote the doctor of the expected wedding to take place on the day designated. At that early day our country mails were 'like angel's visits, few and far between,' consequently Miller did not receive his friend's letter until less than twenty-four hours before the time appointed for the wedding. This was in the latter part of the month of March, when the snow was melting away by the rays of the warm sun of spring, the roads were in bad condition, riding exceedingly bad, and in some places dangerous, and the doctor one hundred and thirty miles from Troy. Stages and railroads were at that time out of the question. What should he do? give up his heart's desire, his long-wished-for and earnestly-sought companion, her on whom his most ardent love had centered, and remain during all his future life under the imputation of forfeiting his plighted faith, and acting in a dishonorable manner with a noble, worthy lady, or should he make one effort to retrieve all? His mind was soon made up. He mounted his faithful horse 'Gershom,' one he had often tried in cases of urgent necessity, one too in all respects possessed of the physical endurance—the determined energy never to be outdone—equal even to his master. 'Gershom' was headed for Troy, a distance of one hundred and thirty miles, to be passed in less than twenty-four hours, notwithstanding all the snow, mud, or dangers by the way. Faithfully and nobly did 'Gershom' perform his task.

"Near the close of the day, when the doctor had arrived near the west bank of the Hudson River, he discovered the ferry-boat just leaving the shore to pass over to Troy. It was almost dark, every moment of time was precious; fearing he should be too late for a successful termination of his hopes, his hard day's labor, and all might be lost, he raised his voice to its utmost pitch, swinging his hat; 'Gershom' at once responded, made his last charge, and arrived on the bank of the river in time to pass. This proved to be the last time the boat went over that night.

"At an early hour in the evening Gershom stood at the door of the residence of the young lady, just as the guests were assembling to witness the marriage ceremony. The doctor, covered

with mud and wet, riding-stick in hand, walked up the steps of the mansion, and knocked at the door. The father of the young lady answered the call, and who should he see standing there but John Miller, who, without ceremony, makes the inquiry, 'Is Phœbe at home?' 'Yes,' was the reply. 'Can I see her?' asks the doctor. The father replies, 'I will inform her you are here—walk in.' The doctor went into the hall, and remained standing, with hat in hand. In a few minutes Phœbe made her appearance, an interview was solicited by the doctor, explanations followed, and a perfect reconciliation was the result. Their letters had been intercepted on both sides by the man who had almost obtained possession of the prize by his rascality, but who that night went home wifeless.

"They were married in 1805, and a happy union it proved to be. Mrs. Miller was a lady of rare accomplishments, of ardent piety, and in all respects a fit companion of her worthy husband. They had eight children—five sons and three daughters. Mrs. Miller died much lamented in 1834, aged fifty-nine."

Dr. John J. Meigs, of Hyde-Park, has been appointed Assistant Surgeon of the 11th Vermont Regiment.

Governor Olden has appointed Dr. C. B. Jaques, of Somerville, Assistant Surgeon of the 7th New Jersey Regiment, now at Harrison's Landing.

Dr. Redford Sharpe, the former Assistant Surgeon of the 7th New Jersey, has been, we understand, appointed Surgeon of the 15th Regiment, now recruiting in the northern counties, and Dr. Sullivan, of Flemington, Assistant Surgeon.

The College of Physicians of London is about adopting the plan of granting licenses to its members to practice surgery, which they have the power to do. This license has, hitherto, been confined to the College of Surgeons. The *Lancet* approves of the innovation. This is adopting the American system.

Embalming.—The principal ingredient employed by Drs. Brown and Alexander, Government Embalmers of the Dead, is stated to be "a composition of a kind of liquid glass (water glass?) and gypsum, which is hardened to a substance like stone. In this state the body would keep for many years, perhaps forever."

MARRIED.

Hamilton—Wells.—In this city, August 1st, by the Rev. Henry Duchachet, D.D., J. W. Hamilton, M.D., U.S.N., and Angie B., daughter of James Wells, Esq., of Norristown.

Heysham—Rashton.—On Thursday, June 19th, by the Rev. John Jenkins, D.D., Charles Stewart Heysham, M.D., to Fannie P., daughter of the late John Y. Rashton, of Philadelphia.

Knowles—Short.—July 27, 1862, by Rev. Thos. F. Plummer, Dr. Isaac H. D. Knowles, of Seaford, Delaware, and Miss Sarah Lavinia Short, daughter of Mr. Solomon Short, of Sussex County, Delaware.

DIED.

Beavers.—At Sycamore, Illinois, of congestion of the lungs, on the 22d of July, Dr. Robert M. Beavers, aged seventy-three. Dr. B. formerly resided in New Jersey.

Halsey.—In Baltimore, on Thursday, July 31, of typhoid fever, Charles E. Halsey, M.D., Assistant Surgeon of Fortieth Regiment, N. Y. S. V., aged twenty-eight.

Powell.—In the City of Washington, D. C., on Sunday, July 27, Ellen M., the beloved wife of Dr. James W. Powell.

Richardson.—On the 6th inst, Ross B. Richardson, M.D., aged forty-five.

Worthington.—On the 5th inst., aged sixteen months, Joanna Sophia, daughter of Dr. J. H. and Mary M. Worthington.

Stebbins.—At Cairo, Illinois, July 18, 1862, D. D. Stebbins, M.D., of Detroit, Michigan, aged twenty-seven.

Dr. Stebbins had volunteered his services to the Soldier's Aid Association for the Michigan regiments in the army of the West. After distributing all the supplies he had on hand, he remained with the 10th, 14th, and 15th Regiments, taking the place of the assistant surgeons, who were sick and away on furlough. He was taken with the Southern fever in the camp of the 10th Michigan Regiment, at Big Spring, a few miles from Corinth, Mississippi. His physicians attempted to remove him to his home in Detroit, on board a steamboat. About half an hour after arriving at Cairo he sank down from exhaustion, a sacrifice of himself for his country's good, aged twenty-seven. He was a graduate of the College of Physicians of New York. Few were more widely known for his age, or had made for himself more strongly attached friends.

Vital Statistics.

Of Philadelphia, for the week ending August 2, 1862.

Deaths—Males, 208; females, 176; boys, 117; girls, 126. Total, 384. Adults, 141; children, 243. Under two years of age, 193. Natives, 298; Foreign, 55. People of color, 22.

Among the causes of death, we notice—Apoplexy, 5; convulsions, 17; croup, 0; cholera infantum, 74; cholera morbus, 7; consumption, 28; diphtheria, 3; diarrhœa and dysentery, 32; dropsy of head, 6; debility, 26; scarlet fever, 0; typhus and typhoid fever, 17; inflammation of brain, 7; of bowels, 0; of lungs, 10; bronchitis, 0; congestion of brain, 8; of lungs, 5; erysipelas, 0; hooping-cough, 4; marasmus, 22; small-pox, 0; measles, 2.

For week ending Aug. 3, 1861.....406
" " July 26, 1862.....382

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 1479·2.

Of New York, for the week ending July 28, 1862.

Deaths—Males, 261; females, 238; boys, 189; girls, 169. Total, 499. Adults, 141; children, 358. Under two years of age, 287. Natives, 381; Foreign, 118; Colored, 4.

Among the causes of death, we notice—Apoplexy, 6; infantile convulsions, 35; croup, 2; diphtheria, 9; scarlet fever, 17; typhus and typhoid fevers, 9; cholera infantum, 102; cholera morbus, 0; consumption, 62; small-pox, 2; dropsy of head, 18; infantile marasmus, 40; diarrhœa and dysentery, 23; inflammation of brain, 12; of bowels, 11; of lungs, 15; bronchitis, 4; congestion of brain, 5; of lungs, 4; erysipelas, 0; hooping-cough, 0; measles, 4: 300 deaths occurred from acute disease, and 35 from violent causes.

For week ending July —, 1861.....000
" " July 21, 1862.....586

Population of New York, by the census of 1860, 814,277. Mortality, 1 in 1631·8.

Of Boston, for the week ending July 26, 1862.

Deaths—Males, 32; females, 45. Total, 77. Natives, 60; Foreign, 17.

Among the causes of death, we notice—Phthisis, 7; cholera infantum, 4; croup, 1; scarlet fever, 8; pneumonia, 2; variola, 0; dysentery, 2; typhus fever, 0; diphtheria, 1; hooping-cough, 2; convulsions, 5.

Population of Boston in 1860, 177,902. Average corrected to increased population, 92·55. Mortality 1 in 2310·4.